Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	08-07-2014	Street:	1300 block RIVERSIDE DR	
Incident #:	ncident #: 14ISPC006653 Apt, Lot, Room #:		oom #:	
County :	HUNTINGTON	City:	HUNTINGTON, IN. 46750	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)				
 ☑ One Pot or Birch Reaction(s): OPEN ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): OPEN ☐ Flammable Solvents: ☐ Water Reactive Metal (Lithium): 		Corros	 ☐ Anhydrous Ammonia: ☐ Corrosive Acid: OPEN ☐ Corrosive Base: OPEN ☐ Ammonium Nitrate/Sulfate: ☐ Other (item and location): 	
Child under age 18 discovered (check appropriate)				
Yes (number present) No Children not present but evidence they reside or visit often		Living conditions of home: clean disarray unclean time the clean disarray Estimated length of time manufacturing had been occurring: Additional Information:		
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: <u>HUNTINGTON FD</u> Fax: <u>E-MAILED</u> Health Department County: <u>HUNTINGTON CO</u> Fax: <u>E-MAILED</u> Department of Child Services Hotline: <u>dcshotlinereports@dcs.in.gov</u> Fax: 317-234-7595 or			fax: <u>E-MAILED</u>	
	ormation regarding this methamphetan Officer: ANDREW SMITH Phone	nine laboratory, c e <u>260-432-8661</u>	ontact	
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of				

scene processing.